



UNIVERSITY OF SASKATCHEWAN  
**College of Medicine**  
 ALUMNI ASSOCIATION  
 MEDICINE.USASK.CA/ALUMNI.PHP



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COLLEGE OF MEDICINE ALUMNI ASSOCIATION  
**MEMBERSHIP FORM**

NAME (FIRST, MIDDLE AND/OR INITIAL AND LAST)		SPOUSE/COMPANION	
HOME ADDRESS		CITY	POSTAL/ZIP CODE
BUSINESS ADDRESS		CITY	POSTAL/ZIP CODE
HOME PHONE	CELL PHONE	BUSINESS PHONE	EMAIL
GRADUATION YEAR	SPECIALTY OR AREA OF INTEREST		

**Please select:**     ANNUAL MEMBERSHIP \$100.00     LIFETIME MEMBERSHIP \$750.00  
 (Valid Jan 1 to Dec 31)

CHEQUE MADE PAYABLE TO: COLLEGE OF MEDICINE ALUMNI ASSOCIATION

## CLASS NOTES

Please share your professional, family and personal news for Class Notes in future College of Medicine alumni communications materials.

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**THANK YOU FOR SUPPORTING THE ALUMNI ASSOCIATION!**

Dues support the Highlights in Medicine Annual Reunion and Conference, student sponsorships and bursaries, and activities of the Alumni Association.